

TO: NEBRASKA LIQUOR CONTROL COMMISSION

DATE: May 9, 2014

SPECIAL DESIGNATED LIQUOR LICENSE APPLICATIONS

I, Teresa J. Meier, City Clerk of Lincoln, Nebraska, and duly appointed agent by the City Council of Lincoln, Nebraska, after receiving input from various City Departments & reviewing said Special Designated License Application do hereby approve the following attached applications:

*ID/OD = INDOOR/OUTDOOR

#	APPLICANT / ADDRESS	CLASS	LOCATION COVERED	DATE	TIME	OCCASION	ID/ OD	COUNCIL HEARING	LIC RECV'D	LIC. MAILED
155	LINCOLN CHILDREN'S ZOO 1222 S 27 TH ST (02)	NONPR OFIT	LINCOLN CHILDREN'S ZOO 1222 S 27 TH ST	6/6	6P-12A	FUNDRAISER	OD	5/19		

APPROVED:

Teresa J. Meier

TERESA J. MEIER, CITY CLERK

**APPLICATION FOR SPECIAL
DESIGNATED LICENSE**

CITY OF LINCOLN CITY CLERK'S OFFICE
555 S 10TH ST
LINCOLN NE 68508
PHONE: (402) 441-7438

DO YOU NEED POSTERS?

YES ☒

NO ☐

RETAIL LICENSE HOLDER ☐

NON PROFIT APPLICANT ☒

Non Profit Status (check one that best applies):

Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☒ Public Service ☐

FILED
MAY 09 2011
CITY CLERK'S OFFICE

COMPLETE ALL QUESTIONS

1. Beer ☒ Wine ☒ Distilled Spirits ☐

2. Liquor license number and class (i.e. C55441, CK55441)
(If you're a nonprofit organization leave blank)

3. Licensee name (last, first,), corporate name or limited liability company (LLC) name (As it reads on your liquor license)

NAME:	Lincoln Children's Zoo		
ADDRESS:	1222 S. 27 th St		
CITY:	Lincoln, NE	ZIP:	68502

4. Location where event will be held; name, address, city, county, zip code

BUILDING NAME:	Lincoln Children's Zoo		
ADDRESS:	1222 S. 27 th	CITY:	Lincoln
ZIP:	68502	COUNTY & COUNTY:	Lancaster County

a. Is this location within the city/village limits?

YES ☒ NO ☐

b. Is this location within the 150' of church, school, hospital or home for aged/indigent or for veterans and/or wives?

YES ☐ NO ☒

c. Is this location within 300' of any university or college campus

YES ☐ NO ☒

5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date <u>June 6, 2014</u>	Date _____	Date _____	Date _____	Date _____	Date _____
Hours From <u>6pm</u>	Hours From _____	Hours From _____	Hours From _____	Hours From _____	Hours From _____
To <u>12am</u>	To _____	To _____	To _____	To _____	To _____

- a. Alternate date: N/A
- b. Alternate location: _____
(Alternate date or location must be specified in local approval)

6. Indicate type of activity to be carried on during event:
☐ Dance ☐ Reception ☒ Fund Raiser ☐ Beer Garden ☐ Sampling/Tasting
 Other: _____

7. Description of area to be licensed
 Inside building, dimensions of area to be covered **IN FEET** _____ x _____
 (not square feet or acres)

*Outdoor area dimensions of area to be covered **IN FEET** 1500 x 400

***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

See Attached

If outdoor area, how will premises be enclosed?
 _____ fence _____ snow fence ☒ chain link _____ cattle panel ☒ tent
 other: 8ft chain link with three barbed wire strands

8. How many attendees do you expect at event? 400

9. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)

Minors not invited, this is a 21+ Older event

10. Will premises to be covered by license comply with all Nebraska sanitation laws? YES ☒ NO ☐

a. Are there separate toilets for both men and women? YES ☒ NO ☐

11. Retailer: Will you be purchasing your alcohol from a wholesaler? YES ☐ NO ☒
Non-Profit: Where will you be purchasing your alcohol?
Wholesaler _____ Retailer ☒ Both _____ BYO _____
(includes wineries)

12. Will there be any games of chance operating during the event? YES ☐ NO ☒
If so, describe activity: _____

NOTE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

13. Any other information or requests for exemptions (**must** be received by Commission 30 days prior to event, complete NLCC form 140): _____

14. Name and **telephone number/cell phone number** of immediate **supervisor**. This person will be at the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. **PLEASE PRINT LEGIBLY**

Print name of Event Supervisor: Kayla McElroy

Signature of Event Supervisor: _____

Event Supervisor phone: Before (402) 475-6741 During (402) 314-4706

Email address: Kmcelroy@Lincoln200.org

Consent of Authorized Representative/Applicant

15. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

sign
here

Kayla McElroy
Authorized Representative/Applicant
Kayla McElroy
Print Name

Sr. Development Assistant
Title
5/8/14
Date

This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an individual as the catering manager allowing them to sign all SDL applications.

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

This page is required to be completed by **Non Profit applicants only.**

**Application for Special Designated License
Under Nebraska Liquor Control Act
Affidavit of Non-Profit Status**

I HEREBY DECLARE THAT THE CORPORATION MAKING APPLICATION FOR A SPECIAL DESIGNATED LICENSE UNDER THE NEBRASKA LIQUOR CONTROL ACT IS EITHER A MUNICIPAL CORPORATION, A FINE ARTS MUSEUM INCORPORATED AS A NONPROFIT CORPORATION, A RELIGIOUS NONPROFIT CORPORATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, A POLITICAL ORGANIZATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, OR ANY OTHER NONPROFIT CORPORATION, THE PURPOSE OF WHICH IS FRATERNAL, CHARITABLE, OR PUBLIC SERVICE AND WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES AS PER §53-124.11(1).

AS SIGNATORY I CONSENT TO THE RELEASE OF ANY DOCUMENTS SUPPORTING THIS DECLARATION AND ANY DOCUMENTS SUPPORTING THIS DECLARATION WILL BE PROVIDED TO THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY AGENT OF THE LIQUOR CONTROL COMMISSION IMMEDIATELY UPON DEMAND. I ALSO CONSENT TO THE INVESTIGATION OF THIS CORPORATE ENTITY TO DETERMINE IT'S NONPROFIT STATUS.

I AGREE TO WAIVE ANY RIGHTS OR CAUSES OF ACTION AGAINST THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY PARTY RELEASING INFORMATION TO THE AFOREMENTIONED PARTIES.

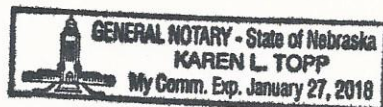
Lincoln Children's Zoo
NAME OF CORPORATION

47-0482255
FEDERAL ID NUMBER

[Signature]
SIGNATURE OF TITLE OF CORPORATE OFFICERS

THE ABOVE INDIVIDUAL STATES THAT THE STATEMENT ABOVE IS TRUE AND CORRECT: IF ANY FALSE STATEMENT IS MADE ON THIS APPLICATION, THE APPLICANT SHALL BE DEEMED GUILTY OF PERJURY AND SUBJECT TO PENALTIES PROVIDED BY LAW. (SEC. §53-131.01) NEBRASKA LIQUOR CONTROL ACT

SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS 7 DAY OF May, 2014.



Karen L. Topp
NOTARY PUBLIC SIGNATURE & SEAL

SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

Name of Event:	Lincoln Children's Zoo Garden Party		
Applicant and Sponsoring Organization or Individual (if applicable):		Lincoln Children's Zoo	
Date(s) of Event:	June 6, 2014	Hours:	6pm - 12am
Alternate Date(s):	- N/A	Hours:	

Is the event open to the public? ☐ Yes ☒ No

How will you ensure that minors will not be served or consume beverages containing alcohol: minors not invited, 21+ Older event

Will food be served? ☒ Yes ☐ No If yes, please list food to be served: heavy hors d'oeuvres and dinner

Will non-alcoholic beverages be served: ☒ Yes ☐ No
If yes, please list non-alcoholic beverages to be served: water + Pepsi products

Who will serve the beverages containing alcohol? Lincoln Children's Zoo Staff
Must complete Server/Seller Applicant Information Sheet.

Have the designated servers received responsible beverage server training? ☒ Yes ☐ No
-some in progress

Will there be a charge for admission? ☒ Yes ☐ No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ Yes ☒ No If so, explain: _____

Kayla McCrory
Applicant's Signature

5/8/14
Date

SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

1. Number of Entry & Exit Points & Dimensions: (_____' x _____')
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (_____' x _____')
4. Location & type of cooking equipment (if used)
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
6. Height & type of fencing to be used.

Note: Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.

1. Entry: Single 7x3', Exit 3 each 7x2.5'
one way turn style doors

2. 2 Tents inside Zooville Square -
30x90 Tent - 25x55 Tent

3. 10 acre grounds, see map

4. Catered food - off site catering

5. see attached map - tables under fencing

6. 8ft barbed wire fencing around perimeter.

The Zoo is permanently fenced & gated, as the Zoo is a secure area by necessity.

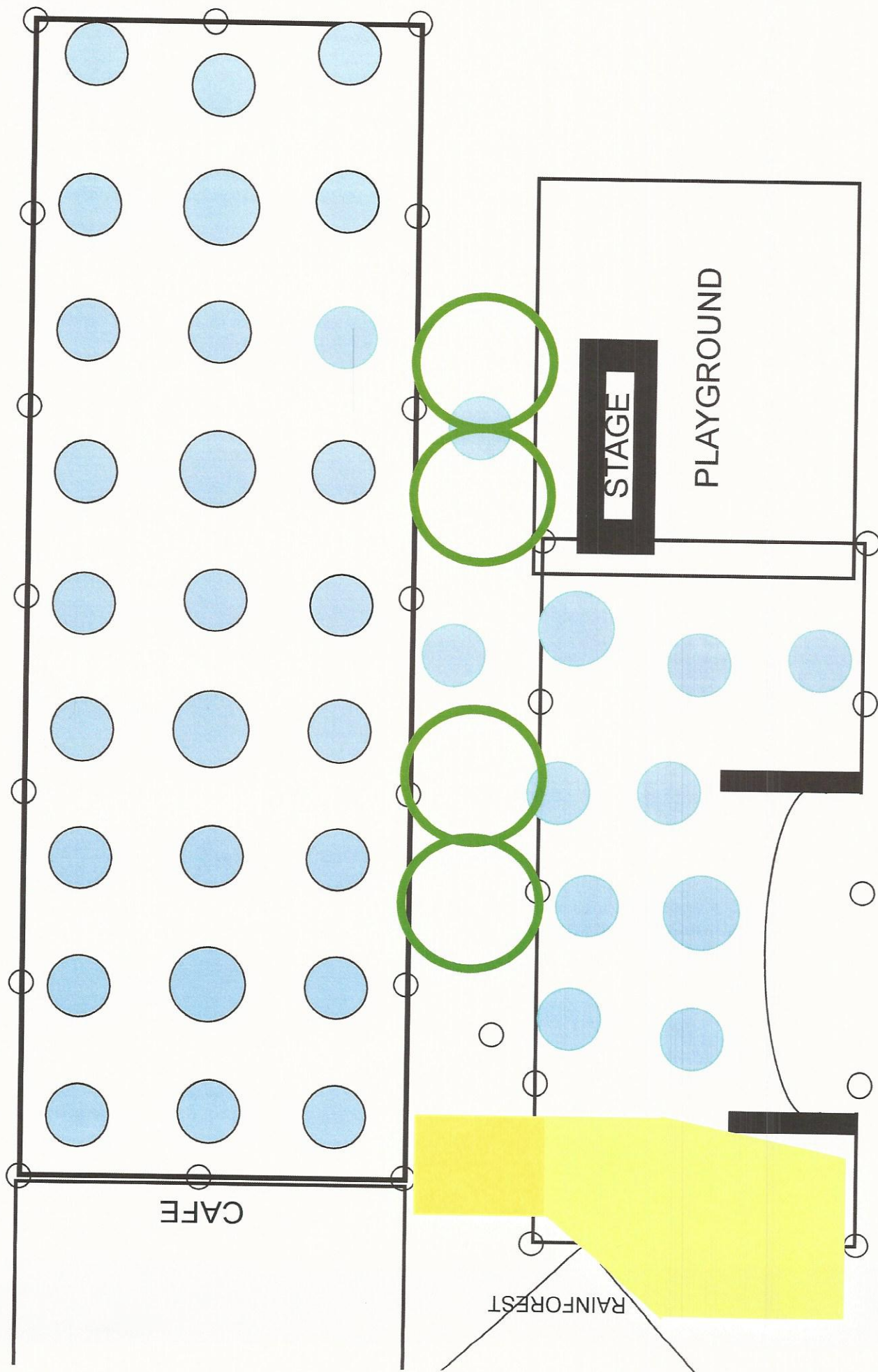
ATTACH EXTRA PAGES IF NECESSARY

SERVER/SELLER APPLICANT INFORMATION SHEET

You must provide the **NAME** and **DATE OF BIRTH** of **ALL** Employees/Volunteers who will sell or dispense alcoholic beverages at your event.

This applies to nonprofit corporations as well.

[illegible]



CAFE

STAGE

PLAYGROUND

RAINFORST

